

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

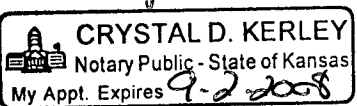
Operator: License # 9684
Name: M S Drilling
Address: P. O. Box 87
City/State/Zip: St. Paul, KS 66771
Purchaser: waiting on pipeline connection
Operator Contact Person: Mark Smith
Phone: (620) 449-2200
Contractor: Name: Company Tools
License: 9684
Wellsite Geologist: N/A
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: N/A
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
5-18-06 5-20-06 5-22-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 037-21824-0000
County: Crawford
SE-SE NW Sec. 21 Twp. 29 S. R. 24 East West
2310 feet from S / (circle one) Line of Section
2310 feet from E / (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Taylor Well #: 21-3
Field Name: Wildcat
Producing Formation: Bluejacket Coal
Elevation: Ground: 945 Kelly Bushing: _____
Total Depth: 203 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at ²⁰ _____ Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set N/A Feet
If Alternate II completion, cement circulated from 20
feet depth to Surface w/ 5 ⁵ sx cmt.
Alt 2 - Dlg - 11/26/08
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) N/A
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: N/A
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Mark A. Smith
Title: operator Date: 10-18-06
Subscribed and sworn to before me this 18 day of October
2006
Notary Public: Crystal D. Kerley
Date Commission Expires: September 2, 2008



KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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Operator Name: M S Drilling Lease Name: Taylor Well #: 21-3
 Sec. 21 Twp. 29 S. R. 24 East West County: Crawford

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

None

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Croweburg Shale 32' + 913'
 Tebo Shale 117' + 828'

 RTD 203' + 742'

| CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | | | | | | | |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc. | | | | | | | |
| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| Surface | 9-7/8" | 6-5/8" | 15 | 20 | Portland | 5 | 1%CCL |
| Production | 5-7/8" | 2-3/8" | 6.5 | 203 | Portland | 21 | 1%CCL |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|--|------------------|----------------|-------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone | | | | |
| | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
| | | | |
| | | | |
| | | | |
| | | | |

| TUBING RECORD | | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---------|-------------|---------------|--|
| Date of First, Resumerd Production, SWD or Enhr. | Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)
 METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

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INVOICE



CRAWFORD COUNTY LUMBER INC.

308 EAST FOREST
GIRARD, KS 66743
(620) 724-8714



HOME OWNED - HOME OPERATED

| DATE | INVOICE # | PAGE |
|------------|-----------|------|
| 05-19-2006 | 76612 | 1 |

SOLD TO

CASH SALE

SHIPP TO

| ITEM NO. | SKU NO. | ITEM/DESCRIPTION | QUANTITY | UNIT PRICE | AMOUNT |
|---|---------|------------------|----------|------------|---------|
| | | PORTLAND CEMENT | 450.00 | 7.50 | 3375.00 |
| ACCT. BALANCE: | | | | | 0.00 |
| 17% PER MONTH (18% PER ANNUM) WILL BE ADDED TO PAST DUE INVOICES. | | | | | |
| SIGNATURE | | | | | |
| SUB TOTAL | | | | | 3375.00 |
| OTHER AMT | | | | | |
| SALES TAX | | | | | 246.38 |
| SHIPPING | | | | | |
| TOTAL AMT TENDERED | | | | | |
| CHANGE | | | | | |
| BALANCE | | | | | 3621.38 |

THANK YOU!